

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

IMPACT

ADDRESS (number and street)

509 Madison Ave. Suite 1902

☐Check if different
than previously
reported. (ACC)

New York

NY

10022

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00348607

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☒Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

11

01

2009

through

11

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David A. Barrett

Signature of Treasurer

Electronically Filed by David A. Barrett

Date

12

16

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 14

Write or Type Committee Name
IMPACT

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	19364.44
(b) Cash on Hand at Beginning of Reporting Period	22879.17	
(c) Total Receipts (from Line 19)	42502.80	219117.13
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	65381.97	238481.57
7. Total Disbursements (from Line 31)	7446.29	180545.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57935.68	57935.68
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name
IMPACT

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3000.00	32500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3000.00	32500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	39500.00	181500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	42500.00	214000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	50.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2.80	67.13
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	42502.80	219117.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42502.80	219117.13

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	7446.29	60295.89	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	7446.29	60295.89	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	120000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	250.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	250.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7446.29	180545.89	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7446.29	180545.89	

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	42500.00	214000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42500.00	213750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7446.29	60295.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	50.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7446.29	60245.89

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

IMPACT

A.

Full Name (Last, First, Middle Initial)

Richard C. Pietrafesa, Jr.

Mailing Address 104 Wendall Terrace

City

Syracuse

State

NY

Zip Code

13203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Destiny USA

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	9

Transaction ID: C5622444

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

James S. Richman

Mailing Address 860 U.N. Plaza

City

New York

State

NY

Zip Code

10017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richloom Fabrics

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	9

Transaction ID: C5630351

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Leon M. Wagner

Mailing Address 8 Lincoln Woods

City

Purchase

State

NY

Zip Code

10577

FEC ID number of contributing
federal political committee.

C

Name of Employer
GoldenTree Asset Managemen-
t

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Transaction ID: C5618313

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 14

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

IMPACT

A.

Full Name (Last, First, Middle Initial)

AMO Voluntary PAC

Mailing Address 2 West Dixie Highway

City

Dania Beach

State

FL

Zip Code

33004

FEC ID number of contributing
federal political committee.

C

C00027532

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: C5622443

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Chicago Mercantile Exchange PAC

Mailing Address 20 South Wacker Dr.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

C00076299

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: C5630352

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Employees of Northrop Grumman Corp. PAC

Mailing Address 3699 Wilshire Blvd.
Suite 1290

City

Los Angeles

State

CA

Zip Code

90010

FEC ID number of contributing
federal political committee.

C

C00088591

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: C5618317

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 14

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

IMPACT

A.

Full Name (Last, First, Middle Initial)
Fresenius Medical Care North America PAC

Mailing Address 920 Winter St.

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee. **C** C00401299

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: C5630354

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
General Electric PAC

Mailing Address 1299 Pennsylvania Ave., NW

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 9

Transaction ID: C5622439

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
International Securities Exchange Inc. PAC

Mailing Address 60 Broad Street

City State Zip Code
New York NY 10004

FEC ID number of contributing
federal political committee. **C** C00382226

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 9

Transaction ID: C5622440

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

IMPACT

A.

Full Name (Last, First, Middle Initial)

Managed Funds Association PAC

Mailing Address 2025 M Street, NW
Suite 800

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C C00306894

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: C5622442

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

National Cable & Telecommunications Assoc. PAC

Mailing Address 25 Massachusetts Ave. NW Suite 100

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C C00010082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: C5622441

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

National Emergency Medicine PAC

Mailing Address PO Box 619911

City State Zip Code
Dallas TX 75261

FEC ID number of contributing
federal political committee.

C C00140061

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 9

Transaction ID: C5618315

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

IMPACT

A.

Full Name (Last, First, Middle Initial)

Time Warner Cable Federal PAC

Mailing Address 800 Connecticut Ave. NW
Suite 1200

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing
federal political committee.**C** C00431551

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	9	

Transaction ID: C5630353

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

39500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
IMPACT

A.

Full Name (Last, First, Middle Initial)
509 Madison Avenue Associates, LP

Mailing Address c/o Kensico Properties
509 Madison Ave.

City New York State NY Zip Code 10022

Purpose of Disbursement
Rent (Includes Utilities)

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D320094

Date of Disbursement

11 / 01 / 2009

Amount of Each Disbursement this Period

649.94

B.

Full Name (Last, First, Middle Initial)
Express EMPS

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D320099

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

63.75

C.

Full Name (Last, First, Middle Initial)
NGP Software, Inc.

Mailing Address 5039 Connecticut Ave., NW
Suite 1A

City Washington State DC Zip Code 20008

Purpose of Disbursement
Software

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D320100

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

862.50

SUBTOTAL of Disbursements This Page (optional)

1576.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
IMPACT

A.

Full Name (Last, First, Middle Initial)
NGP Software, Inc.

Mailing Address 5039 Connecticut Ave., NW
Suite 1A

City Washington State DC Zip Code 20008

Purpose of Disbursement
Software

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D320101

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

450.00

B.

Full Name (Last, First, Middle Initial)
Perkins Coie

Mailing Address 1201 Third Ave.
Suite 4800

City Seattle State WA Zip Code 98101

Purpose of Disbursement
Professional Services-Legal

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D320102

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

136.00

C.

Full Name (Last, First, Middle Initial)
TFS Consulting

Mailing Address 426 C St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Consulting Service-Fundraising

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D320095

Date of Disbursement

11 / 01 / 2009

Amount of Each Disbursement this Period

1000.00

Not For Federal Candidate

SUBTOTAL of Disbursements This Page (optional)

1586.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
IMPACT

A. Full Name (Last, First, Middle Initial) Tonya Fulkerson	Transaction ID: D320103 Date of Disbursement																				
Mailing Address 426 C Street, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	3		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	3		2	0	9													
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reception-Catering & Facilities Candidate Name	<table border="1"> <tr> <td colspan="10">2234.00</td> </tr> </table>	2234.00																			
2234.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 003	Not For Federal Candidate																				
B. Full Name (Last, First, Middle Initial) Verdolino & Lowey, P.C.	Transaction ID: D320104 Date of Disbursement																				
Mailing Address 124 Washington St. Suite 101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	3		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	3		2	0	9													
City Foxboro State MA Zip Code 02035	Amount of Each Disbursement this Period																				
Purpose of Disbursement Professional Services-Accounting Candidate Name	<table border="1"> <tr> <td colspan="10">1284.10</td> </tr> </table>	1284.10																			
1284.10																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 001																					
C. Full Name (Last, First, Middle Initial) Verdolino & Lowey, P.C.	Transaction ID: D320096 Date of Disbursement																				
Mailing Address 124 Washington St. Suite 101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	9													
City Foxboro State MA Zip Code 02035	Amount of Each Disbursement this Period																				
Purpose of Disbursement Professional Services-Accounting Candidate Name	<table border="1"> <tr> <td colspan="10">741.55</td> </tr> </table>	741.55																			
741.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 001																					

SUBTOTAL of Disbursements This Page (optional)

4259.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

IMPACT

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 2853

City
New York

State
NY

Zip Code
10116

Purpose of Disbursement
Credit Card -See Below if Itemized

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D320097

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2009

Amount of Each Disbursement this Period

24.45

SUBTOTAL of Disbursements This Page (optional)

24.45

TOTAL This Period (last page this line number only)

7446.29